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UNITED STATES HOUSE OF REPRESENTATIVES			0013 PH 2:53	Page 1 of 13
2019 FINANCIAL DISCLOSURE STATEMENT				LIVERED
Name: Trey Hollingsworth Da	time Telephone:	202-225-5315	A \$200 penalt shall t individual ho files m	A \$200 penakt shall be assessed against an individual incities more than \$9 da s late.
FILER X Member of the U.S. State: IN STATUS District: 09		Officer or Employing Office: Employee	1	Staff Filer Type: (If Applicable) Shared Principel Assistant
TYPE X 2019 Annual (Due: May 15, 2020)	Amendment	Termination Date of Termination:	nination:	
PRELIMINARY INFORMATION ANSWER EACH OF THESE Q	QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?	No F. Did yo outside e year up t	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?		Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you reportable source di	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?		Yes X
C. Did you or your spouse have "earned" income (e.g., sataries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes X reporting period?	No H. Did yo reportabl \$380 in v	Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$380 in value from a single source during the reporting period?		Yes
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No X Leu of paying you reporting period?	ial or organiza	bon make a donation to charity in Yappearance, or article during the Yappearance.	Yes No X
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	No X ATTAC	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER	SCHEDULE IF YO	OU ANSWER YES
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	OR TRUST INFORMATION	ION - ANSWER EACH OF	THESE	QUESTIONS
IPO Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered contact the Committee on Ethics for further guidance.	Riering during the reporting p		"yes" to this question, please	Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" slid?	need not be disclosed.	Have you excluded Y	V ₉₈ N ₀ X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	me, transactions, or liabilities th the Committee on Ethics.	of a spouse or your de	pendent child because they meet	Yes No X

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Trey Hollingsworth

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SCHEDULE A -
- ASSETS &
"UNEARNED
INCOME"

Trey Hollingsworth

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								(See Filer Note 1 for HCP Entities)	(Pitet Bank)	HCP - LA, LLC (Financial Asset Holding Co)	Certificates of Deposit (Macquarie Group Limited)	HGI, LLC (Financial Asset Holding Co)	Hollingsworth Capital Partners, LLC	HCP - Virginia, LLC	H Capital Partners - Texas, LLC	ADMIN TAREN		BLOCK A Assets and/or Income Sources
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				<u> </u>													\$1-81,000	
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	 		\vdash	1	 	1	\vdash	T	Τ	П	Г		Г		T		\$250,001,\$500,000	Value of Asset
	 		-	t	 	╁	一	T	┢				┢	T	<u> </u>		\$500,001-\$1,008,000 ±	8 B
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	-	一	1	f	1	f	⇈	厂	[Н		Н	-	1	f		Spouse/DC Asset over \$1,000,000*	•
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	Η		Г	厂	-			1	1	Г							TAX-DEFERRED	1 C
	_		ļ														Other Type of income (Specific e.g., Partnership Income or Fierra Income)	69 į
																	Nace T —	1
																	\$1-\$200 =	,
																	\$201-\$1,000 =	;
											x						\$1,001-\$2,500	>
																	\$2,501-\$5,000 <	30 m
									×								\$5,001-\$15,000 ≤	BLOCK D Amount of Income
	П																\$15,001-680,000	BLOCK D
								Γ		П				Г			\$50,001-\$108,000	9, 0
													×	×	×		\$100,000-\$1,000,000	8
	П		Г					T				П					\$1,000,001-\$5,000,000 🔀	
															•		Over \$5,000,000	
																	SpannerDC Assect with Income over \$1,000,000*	!
																	P. S. Stowati, or it	BLOCK E Transaction

SCHEDULE B - TRANSACTIONS

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tex-deferred account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting partied of any security or real-property held by your your epouse; it your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a their deachgloon of an excellentage transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an esset is sold, places choose "partial sale" as the type of transaction. ** Column K is für jässelte külliği held bi yozu spöluse ör dependent örtit.
SP, DC, IT

Assast ŧ HGI - Midwest III (Columbus, OH) Hoge Carp. Stock × Purchase Type of Transaction Sale -- * --Partial Sale Check Box If Capital Gain Exceeded \$200 si i Name: Trey Hollingsworth QMODOMYR) Operatory, Custority, or Bi-weedity, of applicable 2/12/19 379/16 \$1,001 . \$15,001-\$60,000 × • \$50,001-\$100,000 0 \$100,001-\$250,000 0 Amount of Transaction \$250,001 m \$500,001-\$1,000,000 70 \$1,000,001 \$5,000,000 × ۵ Page_ x \$25,000,007 7 2 Over \$50,000,000 _ 13 Over\$1,000,000 (Special/OC Area) į

SCHEDULE C - EARNED INCOME

Name: Trey Hollingsworth Page 8 of 13

						Circe LLC, 3642 Brownsboro Rd, #101, Louisville, KY 40297	Ontario County Board of Equosion	Examples: Ckr Wer Roundston (Oct. 2)	Keisne State	Source (include date of receipt for honoraria)	L. hece, _e, a. d. afeb_edcefeee he ha he fe_ceebhe U.S. government) totaling \$200 or mose during the reporting period. For a spouse, list the source and amount of any honorarie; list only the source for other spouse earned income exceeding \$1,000°. See examples below. EXCLUDE: Military pey (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					Spouse Salary	Spoure Seleny	Engalethe Physics	Approved Teaching Fee	Тура	ment) totaling \$200 or mose during the slow. octal Security Act. d at or above the "senior staff" rate was relationship) are totally prohibited.
						- AIR	N/A	\$10,000	000'08	Amount	reporting period. For a spouse, list \$28,050. The 2019 limit is \$28,440.

SCHEDULE D - LIABILITIES

	Name:	Trey Hollingsworth	Page 9 of 13
uring the reporting period by	you, your sp	uring the reporting period by you, your spouse, or your dependent of the Mark the highest amount owed during the reporting. The real property including mortages on their betsetters. Exclude: Any muchace on your passonal residence frinkess.	nt owed during the reporting
old furniture, or appliances; i	iebilities of a	l by real property including mortgages on their personal residence. Extended: Any mortgage on your personal residence (unless in which you own an interest (unless you are personally liable); and liabilities	our personal residence (unless:

Report liabilities of over \$10,000 cered to any one creditor at an stars during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities sociared by feal property including mortgages on their personal residence. Exceller. Any murgage on your personal residence (unless you are personally liabilities of a business in which you own an interest (unless you are personally liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (... credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				8P, DG, JT	,	
		None	Pe:			
			First Bank of Wilmington, DE	Greditor		
			6/16	Date Liability Incurred: MO/YR		
ē			Mortgage on Rental Property, Doyer, DE	Type of Liability	• •	
		:		\$16,001- \$15,000	>	d
		•		\$15,001- \$50,000	>	
		•		\$15,001- \$50,000 \$50,001-	> %	
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			×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	0	Amoun
			×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,000 \$250,001- \$250,001- \$500,000	0	Amount of Li
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			×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,001- \$500,000 \$500,001- \$1,000,000 \$5,000,000 \$5,000,000	C D E F 0	Amount of Liability

SCHEDULE E - POSITIONS

-	_	 _			
			None	Position	Report ell positions, compensated or uncompensated, held o consultant of any corporation, firm, partnership, or other busi Positions held in any religious, social, fraternal, or political or
				Name of Organization	Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, lebor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

SCHEDULE F - AGREEMENTS

Name:
Trey Hollingsworth
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identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to; future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	,	Parties to Agreement		Terms	rms of Agreement	
	None					
	,	•	-	, -		
· -	11				-	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbytation foreign agent), local meets, and gifts to a spouse or dependent child that are tetally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
E : Mr. Joseph Smith, Artington, VA	Bilver Platter (prior determinetion of personal friendship received from the Committee on Ethics)	\$400
None		
		į

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-natated expanses totaling more than \$390 received by your your spouse, or your dependent child during. The reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

Name:

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Raturn	Lodging?	Food?	Furnity Member
			-	ı	(780)	brickuded? (Y/N)
	Government of Chine (MECISA)	Aup 8-11	OCHANO ANIBEROO	٧	~	z
.meriwer:	Habitat for th	Mer. 34	DC-Booken-DC	٧	۲	٧
None	· P					
					:	

SCHEDULE I -- P

Page 12 of 13	Name: Trey Hollingsworth	
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Name: Trey Hollingsworth Page
Hollingsworth Page

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List the source, confidential list	List the source, activity (, speech, appearance, or article), date, and emount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethica.	f an event to a charitable organization	In lieu of paying an honora	rium to you. A separate
	Source	Activity	Date	Amount
•	Association of American Associations, Washington, DC	Speech	Feb. 2, 2018	\$2,000
	XYZ Magazine	Article	Aug. 13, 2018	\$500
None			,	
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